

EXHIBIT PREPARATOR

Supplemental Questionnaire

NAME: _____
 (Last) (First) (Middle Initial) Social Security Number

You must complete and submit this application supplement in order to participate in this recruitment. Based on your responses to this application supplement, your job related training and experience will be evaluated using a pre-determined formula. Scores from this evaluation will determine the applicant ranking and placement on the eligible list.

Submit this completed supplemental questionnaire along with your application form. Please note this is a two-sided document. Resumes, letters, and other materials will not be evaluated or considered by the rating panel as responses to the items in the supplement.

PART I: In the boxes to the right of each item, mark an “X” in the box that corresponds with your experience.

	NONE	3 – 6 months of experience	7 – 12 months of experience	1 – 2 years of experience	2 – 3 years of experience	3 or more years of experience
Background painting						
Sculptural work						
Textile fabrication						
Graphic design and lettering						
Planning and designing exhibits and displays						
Constructing and installing exhibits and displays						
Cleaning and general maintenance of exhibits						
Meeting with museum curators to identify interpretive themes and select artifacts						
Working with volunteer crews in exhibit construction						
Packing and transporting artifacts and props						
Fabricating exhibit furniture						
Using a dry mount machine						
Using a table saw						

PART II

List any specialized training courses you have completed in art and graphic design or building technology trades.

Please attach additional pages if necessary.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I certify that all the statements made in this application supplement are true, complete and correct to the best of my knowledge and are made in good faith. I understand that any misrepresentation and/or falsification of my answers may result in rejection of my application for this recruitment. My signature authorizes Placer County to make any appropriate investigations to verify this information.

Signature of Applicant: _____ Date: _____